PTO/SB/01 (10-01) Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

□ Declaration Submitted With Initial Filing

OR

 □ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		5003073-046US1		
First Named Inventor		Iqbal Ahmed		
co	MPL	ETE IF KNOWN		
Application Number	10/685,080			
Filing Date	October 14, 2003			
Group Art Unit				
Examiner Name				

As a below named inventor, I hereby declare that:									
As a below fiamed inventor, i fieleby declare that.									
١	My residence, post office address, and citizenship are as stated below next to my name.								
Ļ	believe I am the original and	first inventor of the su	ubject matter wi	hich is claimed and for which	h a patent is sought	on the invention en	itled:		
	SUPERABSORBE	ENT POLYME	R AQUEO	US PASTE AND	COATING				
		•	•		•				
_	the specification of which		(Title of the In	evention)		T-1			
	is attached hereto								
	OR								
	was filed on (MM/DD	/YYYY) 10/14	/2003	as United States Ap	plication Number o	r PCT Internationa	ıl		
Арр	lication Number	10/685,080	and was	s amended on (MM/DD/Y	YYY)	(i	f applicable).		
	reby state that I have revie cifically referred to above.	ewed and understand	the contents	of the above identified sp	ecification, including	g the claims as an	nended		
арр	knowledge the duty to disc ications, material informat mational filing date of the o	ion which became a	vailable betwe						
	reby claim foreign priority	· · · · · · · · · · · · · · · · · · ·) or (f) or 365(b) of any f	oreign application(s	s) for natent inven	tor's or plant		
bree	der's rights certificate(s),	or 365(a) of any PC	T internationa	al application which design	nated at least one	country other tha	n the United		
States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing date before that of the application on which priority is claimed.									
Pri	or Foreign Application			Foreign Filing Date	Priority	Certified Copy	Attached?		
	Number(s)	Country	(A	MM/DD/YYYY) Country	Not Claimed	YES	NO		
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

PTO/SB/01 (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: X Customer N or Bar Code		2973	37	OR	Correspondance address below	
Name						
Address		_				
City	State			ZIF		
Country		Tel	ephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:	A	petition	has been fi	led for thi	s unsigned inventor	
Given Name Iqbal Family Name Ahmed or Surname					· · · · · · · · · · · · · · · · · · ·	
Inventor's Signature Sabal Almed				Date 3	108/04	
3605 Chance Road, Greensboro	NC		US		us	
Residence: City	State		Count	Citizenship		
2401 Doyle Street			,			
Mailing Address			•			
Greensboro	NC		27406		US	
City	State		Zip		Country	
NAME OF SECOND INVENTOR:	A petition	has been	filed for th	is unsigne	ed inventor	
Given Name Angela M. (first and middle [if any])			amily Name	e Jones		
Inventor's Angela M	Jone	8		Date		
1608 Staley Road, High Point	NC		US		US	
Residence: City	State		Count	ry	Citizenship	
2401 Doyle Street						
Mailing Address						
Greensboro	NC		27406	<u> </u>	US	
City	State		Zip		Country	
Additional inventors are being named on the	1 supplement	al Additiona	al Inventor(s) s	heet(s) PTC	/SB/02A attached hereto.	

ERECT RADEV type a plus sign (+) inside this box -

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>

Name of Additional Joint Inventor, if any:	ny: A petition has been filed for this unsigned inventor				
Given Name (first and middle	(if any)	Family Name or Surname			
Scott		Fomlin			
Inventor's Signature			Date 3/8/04		
7 Oleander Point, Residence: City Greensboro	NC State Co	US	US Citizenship		
Mailing Address 2401 Doyle Street					
Mailing Address					
City Greensboro	NC ZII	27406	Country		
Name of Additional Joint Inventor, if any:		A petition has been filed	for this unsigned inventor		
Given Name (first and middle	(if any))	Family Name or Surname			
Scott J.		Smith			
Inventor's Signature	mi	2/27/04 Date			
Residence: City 4100 Duplin Ct., Greensboro	NC State Co	US untry	US Citizenship		
Mailing Address 2401 Doyle Street					
Mailing Address					
City Greensboro St	tate NC Zip	27406	Country US		
Name of Additional Joint Inventor, if any:		A petition has been filed for this unsigned inventor			
Given Name (first and middle	[if any])	Family Name or Surname			
Inventor's Signature			Date		
Residence: City	State Co	untry	Citizenship		
Mailing Address	,	•			
Mailing Address					
City	State	Zip	Country		

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box

Express Mail No. EV 325031/09

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

e required to respond to a collection of in	nformation unless it displays a valid OMB control number
Application Number	10/685,080
Filing Date	October 14, 2003
First Named Inventor	Iqbal Ahmed
Group Art Unit	
Examiner Name	
Attorney Docket Number	5003073-046US1

I hereby ap					_ [Place Customer	
	oners at Cu	ustomer Number	29737		_	Number Bar Code Label here	
☐ Practition	oner(s) nar	ned below:			<u> </u>		J -
	Name Registration Number						

]
]
	· -]
as my/our a	ttornev(s)	or agent(s) to pro	secute the application in	lentified abov	e, and to t	ransact all business	in the Patent and
Trademark (Office con	nected therewith.					
Please cha	ange the co	orrespondence ac	Idress for the above-ide	ntified applica	ation to:		
_	ove-menti	oned Customer N	lumber.			Place Customer	
OR Practition	nere at Ci	ıstomer Number				Number Bar Code Label here	
OR		Tomer Humber				2000111010	
Firm or Individual Name							
Address							
Address							
City			5	State		ZIP ·	
Country							·
Telephone				Fax			
I am the:							
Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name	Iqbal Ah	med					
Signature	Jak	al Als	med				
Date	0.01004						
			or assignees of record		interest o	or their representativ	e(s) are required.
Submit multiple forms if more than one signature is required, see below*. *Total of 4 forms are submitted.							

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231. Riease type a plus sign (+) inside this box

PTO/SB/81 (02-01)

Approved for use through 10/31/2002. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Application Number

Application Number

10/685,080

Filling Date

October 14, 2003

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

5003073-046US1

		·							
I hereby appoint:									
	oners at Cu	ustomer Number	29737			Number Label he	Bar Code ere		
☐ Practitioner(s) named below:									
	Name Registration Number								
							·		
· [
		or agent(s) to prosect	cute the application id	lentified above, a	and to t	ransact a	II business i	n the I	Patent and
Please cha	ange the co	orrespondence addre	ess for the above-ide	ntified application	n to:				
_	ove-menti	oned Customer Nun	nber.				Customer		
OR Prophitic	nore at Ci	ıstomer Number			→	Numbe Label h	r Bar Code		
OR		istoriler Number				Laberti	676		
☐ Firm or Individual Name									
Address									
Address									
City			S	State		ZIP			
Country									
Telephone				Fax					_
I am the:									
□ Applicant/Inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71.									
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name	Angela N	M. Jones	_						
Signature	Signature Maria M. Jones								
Date									
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required.								
Submit multiple forms if more than one signature is required, see below*. Total of 4 forms are submitted.									

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Release type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

required to respond to a collection of in	nformation unless it displays a valid OMB control number.
Application Number	10/685,080
Filing Date	October 14, 2003
First Named Inventor	Iqbal Ahmed
Group Art Unit	
Examiner Name	
Attorney Docket Number	5003073-046US1

			17 monioy B	CONOTIN					
I hereby a						Place Co	ustomer		
⊠ Practition OR	oners at Ci	ustomer Number	29737			Number Label he	Bar Code		
	oner(s) nar	ned below:			l.	Laberne	-		
Name Registration Number									
								1	
ŀ									
		A74 NO						1	
<u> </u>	· · · · · · · · · · · · · · · · · · ·						·	1	
as my/our a	ttornev(e)	or agent(s) to prosec	cute the application is	dentified a	hove and to	ransact al	l husiness i	a n the F	Patent and
		nected therewith.	suce the apphoalion is		ibove, and to	aranoadi ar			atom and
Please cha	ange the c	orrespondence addr	ess for the above-ide	entified ap	plication to:				
. —	oove-ment	oned Customer Nur	nber.			Place C	Sustomer		
OR Practition	oners at Ci	ıstomer Number				Number Label h	r Bar Code ere		
OR		Lastomer Harrison L							
Firm or	al Name								
Address				7					
Address									
City				State		ZIP			
Country									
Telephone				Fax					
I am the:				•					
	Applicant/Inventor.								
Assignee of record of the entire interest. See 37 CFR 3.71.									
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).									
SIGNATURE of Applicant or Assignee of Record									
Name	Scott To	mlin					· · · · · · · · · · · · · · · · · · ·		
Signature	Signature ,								
Date	Date 3/8/04								
NOTE: Signa	atures of a	all the inventors or a	assignees of record	of the en	itire interest c	r their rep	presentativ	e(s) ai	e required.
Submit multiple forms if more than one signature is required, see below*. *Total of 4 forms are submitted.									

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Release type a plus sign (+) inside this box

PTO/SB/81 (02-01)
Approved for use through 10/31/2002. OMB 0651-0035
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
to a collection of information unless it displays a valid OMB control number

POWER OF ATTORNEY OR **AUTHORIZATION OF AGENT**

e reduited to respond to a collection of it	IOTHATION UNITESS IT GISDIAVS A VAIID CONTO HUMBER
Application Number	10/685,080
Filing Date	October 14, 2003
First Named Inventor	Iqbal Ahmed
Group Art Unit	
Examiner Name	
Attorney Docket Number	5003073-046US1

I hereby appoir Practitioners OR	rs at Customer Number 29737	\rightarrow	Place Customer Number Bar Code Label here				
	r(s) named below:	<u> </u>					
	Name Registration Number						
		destified above and to	transport all business in the Potent and				
Trademark Offic	ney(s) or agent(s) to prosecute the application in ce connected therewith.	dentified above, and to	transact an business in the Faterit and				
Please change	e the correspondence address for the above-ide	ntified application to:					
. —	e-mentioned Customer Number.		Place Customer				
	rs at Customer Number	>	Number Bar Code Label here				
OR Firm or							
Individual Na	ame						
Address							
Address							
City		State	ZIP				
Country							
Telephone		Fax					
I am the:							
☑ Applicant/Inventor.							
Assignee of record of the entire interest. See 37 CFR 3.71.							
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).							
SIGNATURE of Applicant or Assignee of Record							
Name Scott J. Smith							
Signature Deve X Druis							
Date 2/27/04()							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
	orms are submitted.						

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any Comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.